

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Dietetic Association Political Action Committee

ADDRESS (number and street) 1120 Connecticut Ave. NW
Suite 480
 Check if different than previously reported. (ACC)
Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** C00143560
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 12 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Paul A. Mifsud

Signature of Treasurer Electronically Filed by Paul A. Mifsud Date 02 02 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Dietetic Association Political Action Committee

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		47007.74
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	70394.76									
(c) Total Receipts (from Line 19)	3133.83	323333.95								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73528.59	370341.69								
7. Total Disbursements (from Line 31)	15938.70	312751.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57589.89	57589.89								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1092.00	39474.31
(ii) Unitemized	2041.83	283859.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3133.83	323333.95
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3133.83	323333.95
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3133.83	323333.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3133.83	323333.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4438.70	148071.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4438.70	148071.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	164500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	180.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	180.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15938.70	312751.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15938.70	312751.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3133.83	323333.95
34. Total Contribution Refunds (from Line 28(d))	0.00	180.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3133.83	323153.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4438.70	148071.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4438.70	148071.80

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Jennifer J. Klipp		Date of Receipt	
	Mailing Address 18 Eastridge Dr S.		M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A45846DEB3C7D4576BCB
	York	NE	68467-3941	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		100.00		
Name of Employer York General Healthcare Svs		Occupation Rd		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00		

B.	Full Name (Last, First, Middle Initial) Dr. Julie O'Sullivan Maillet		Date of Receipt	
	Mailing Address 15 Ralph Rd		M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A28DF222A2BEC47E2BEC
	West Orange	NJ	07052-1709	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		100.00		
Name of Employer		Occupation Associate Dean Academic Affair		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00		

C.	Full Name (Last, First, Middle Initial) Mary S. Gregory		Date of Receipt	
	Mailing Address 148 Cedar Knoll Dr		M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: AA987D8B7820B46C1B7A
	Mount Airy	NC	27030-7792	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		52.00		
Name of Employer Health Center		Occupation Dietitian		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.00		

SUBTOTAL of Receipts This Page (optional)	▶	252.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Marilyn Tucker-Viselli

Mailing Address 70 Brambach Rd

City State Zip Code
Scarsdale NY 10583-5203

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Dietitian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
12 / 14 / 2009

Transaction ID: AF3B5560C04D54DC5B5A

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Sharon J. Emley

Mailing Address 7450 Fairfield Lakes Dr

City State Zip Code
Powell OH 43065-7878

FEC ID number of contributing federal political committee. **C**

Name of Employer N/a @ Present Occupation Rd

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 14 / 2009

Transaction ID: ADB0D7D7C7AFA44A190C

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Jacqueline Frederick

Mailing Address 226 Glenbrooke Way

City State Zip Code
Greenville SC 29615-1299

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Rd

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: ABB147DAC720F49F083A

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 350.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Jeanne Blankenship		Date of Receipt MM / DD / YYYY 12 / 22 / 2009
Mailing Address 6231 Jack Frost Ct		Transaction ID: AEF1AE608B68D4F95965
City Rocklin	State CA	Zip Code 95765-4234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer University Of Ca, Davis	Occupation Rd	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

B.

Full Name (Last, First, Middle Initial) Mary P. Fuhrman		Date of Receipt MM / DD / YYYY 12 / 22 / 2009
Mailing Address 1932 Prospector Ridge Dr		Transaction ID: A286757FDC92C4A47BDD
City Ballwin	State MO	Zip Code 63011-4808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Coram, Inc.	Occupation Chair Of Dietetics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00	

C.

Full Name (Last, First, Middle Initial) Jeanne Blankenship		Date of Receipt MM / DD / YYYY 12 / 23 / 2009
Mailing Address 6231 Jack Frost Ct		Transaction ID: A7E10839E2AE74D9EB7C
City Rocklin	State CA	Zip Code 95765-4234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer University Of Ca, Davis	Occupation Rd	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Tracy L. Wilczek

Mailing Address Apt 611
3550 Washington St

City Hollywood State FL Zip Code 33021-8248

FEC ID number of contributing federal political committee. **C**

Name of Employer Pritikin Longevity Center Occupation Rd

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 12 / 23 / 2009
Transaction ID: AEDB8C9EF1F8F447F8C5

Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Marcia A. Kyle

Mailing Address 146 Mystic Ave

City Rockport State ME Zip Code 04856-5730

FEC ID number of contributing federal political committee. **C**

Name of Employer Penbay Healthcare Occupation Clinical Rd

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 12 / 23 / 2009
Transaction ID: A35F5B26636A547BE804

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Gita B. Patel

Mailing Address 7 Partridge Rd

City Etna State NH Zip Code 03750-4400

FEC ID number of contributing federal political committee. **C**

Name of Employer N/a @ Present Occupation Rd

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt 12 / 30 / 2009
Transaction ID: A0F72550A95404A49AA2

Amount of Each Receipt this Period 240.00

SUBTOTAL of Receipts This Page (optional) ► 360.00

TOTAL This Period (last page this line number only) ► 1092.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Membership Marketing Services, Inc.</p> <p>Mailing Address Attn. Fran Carille 1280 Perimeter Parkway</p> <p>City Virginia Beach State VA Zip Code 23454-5689</p> <p>Purpose of Disbursement ADAPAC fundraising expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B781E812A95B240198EF</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 3410.04</p>
<p>B. Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036-5308</p> <p>Purpose of Disbursement Stamps for ADAPAC Christmas cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3CE393479F6D40CA862</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 44.00</p>
<p>C. Full Name (Last, First, Middle Initial) American Dietetic Association</p> <p>Mailing Address 120 S. Riverside Plz Suite 2000</p> <p>City Chicago State IL Zip Code 60606-6995</p> <p>Purpose of Disbursement PAC software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B72D41EC7100F49B6A3D</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 900.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4354.04

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 14

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Membership Marketing Services, Inc.

Transaction ID: B838A3A85B90349A19A6

Date of Disbursement

Mailing Address Attn. Fran Carille
1280 Perimeter Parkway

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	0	9

City Virginia Beach State VA Zip Code 23454-5689

Amount of Each Disbursement this Period

84.66

Purpose of Disbursement
ADAPAC fundraising expenses

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

84.66

TOTAL This Period (last page this line number only)

4438.70

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Friends of Schumer</p> <p>Mailing Address 1551 East 23rd Street</p> <p>City Brooklyn State NY Zip Code 11210</p> <p>Purpose of Disbursement Sen. Charles Schumer [D-NY]</p> <p>Candidate Name Sen. Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6F621520B458416AA11</p> <p>Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Zack Space for Congress Committee</p> <p>Mailing Address 726 Sixteenth Street, NE</p> <p>City Massillon State OH Zip Code 44646</p> <p>Purpose of Disbursement Rep. Zack Space [D-OH-18]</p> <p>Candidate Name Rep. Zachary T. Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BECBF7043478B45DB8A9</p> <p>Date of Disbursement 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Congressman Michael N. Castle</p> <p>Mailing Address CASTLE CAMPAIGN FUND P.O Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Support for Mike Castle[R-DE]</p> <p>Candidate Name Rep. Mike Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBB1934624E8F4AB1967</p> <p>Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Gillibrand for Senate <hr/> Mailing Address Gillibrand for Senate 313 C Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Support for Sen. Gillibrand[D-NY] <hr/> Candidate Name Sen. Kirsten E. Gillibrand <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE9F9EC6AD6B94177BA4 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Senator Patty Murray <hr/> Mailing Address PEOPLE FOR PATTY MURRAY PO Box 3662 <hr/> City Seattle State WA Zip Code 98199 <hr/> Purpose of Disbursement Sen. Patty Murray[D-WA] <hr/> Candidate Name Sen. Patty Murray <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B83389D6E3A0843A6BFF Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John S Fund <hr/> Mailing Address P.O. Box 853 <hr/> City Edwardsville State IL Zip Code 62025 <hr/> Purpose of Disbursement Support for Shimkus [R-IL] <hr/> Candidate Name Rep. John Shimkus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA7B76C57439C42C8BA1 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Klobuchar for Minnesota 2012

Transaction ID: B720CAD3338C744A39F6

Mailing Address Klobuchar for Minnesota 2012
PO Box 4146

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	9

City St. Paul State MN Zip Code 55104

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Support for Amy Klobuchar[D-MN]

Category/ Type

Candidate Name
Sen. Amy Klobuchar

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District:

B.

Full Name (Last, First, Middle Initial)
Senator Blanche Lambert Lincoln

Transaction ID: B5B002D239DE142D2A12

Mailing Address FRIENDS OF BLANCHE LINCOLN FOR SEN
PO Box 3197

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

City Little Rock State AR Zip Code 72203

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Sen. Blanche Lincoln (D-AR)

Category/ Type

Candidate Name
Sen. Blanche Lincoln

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AR District:

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

11500.00